

DOVERTELEGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 763201 RECEIPT DATE: 02 / 26 / 01
IA NUMBER: PCT/ EP00 / 05800 IA FILING DATE: 06 / 23 / 01
FAMILY NAME: HAAN DELAY WAIVED (Y/N): N
GIVEN NAME: WIEBE DE DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 06 / 25 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: PHN 17.517 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX
NAME: PHILIPS ELECTRONICS NORTH AMERICA CORP
STREET: 80 WHITE PLAINS ROAD
CITY: TARRYTOWN
STATE/COUNTRY: NY ZIP: 10591
EMAIL:
APPLICATION TITLE:
NUMBERING OF VIDEO OBJECTS AND CELLS

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 4848

SERIAL NUMBER 09/763,301	FILING DATE 02/20/2001 RULE	CLASS 386	GROUP ART UNIT 2615	ATTORNEY DOCKET NO. PHN 17,517
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APPLICANTS

Wiebe De Haan, Eindhoven, NETHERLANDS;

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/EP00/05890 06/23/2000

** FOREIGN APPLICATIONS *****

EUROPEAN PATENT OFFICE (EPO) 99202057.8 06/25/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verifier and Acknowledged	Allowance <i>Vle</i> Examiner's Signature <i>✓</i> Initials		
STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 8	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2

ADDRESS

U S Philips Corporation
 580 White Plains Road
 Tarrytown , NY 10591

TITLE

Numbering of video objects and cells

FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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